



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Office of Commissioner of Insurance 716 West Tower No. 2 MLK Jr. Dr. Atlanta, GA 30334	Application Number <b>69-A</b>	Date Received <b>AUG 17 1987</b>
Application Number		Date Completed <b>JAN 27 1988</b>	
2. Person to Contact Marianne Prinsen		Working Title Principal Secretary	Telephone Number 656-6054
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>69A</u> Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest _____ Latest _____ Present _____	5. Records Series Title (followed by title used in office, if different) Life and Accident/Health Ins. Policy Forms File		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Policy Forms Division reviews and analyzes all policy forms from life and accident/health insurance companies operating in Georgia. It files and approves or disapproves all policy forms it reviews.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Documents relating to analyzing and approving policy forms of Life and Health/Accident Insurance companies  Included are: Insurance company policy forms and attachments such as Term riders; Family Income Riders and their supplements; endowment forms or any other amendments to the policy. Also included are copies of letters of approval or disapproval.  File is arranged: File is arranged alphabetically by name of company.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>800/mo</u> ; Seven to twelve months old <u>200/mo</u> ; Thirteen to twenty-four months old <u>100/mo</u> ; twenty-five months and older <u>10/mo</u> ?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers <u>17</u> ; Shelves _____; Other (specify) _____			

X	If not, where is it?
X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

**11. Retention Requirements**      The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	<u>100</u> years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

Claim problems, including those that may be legally contested, may require a copy of the actual approved policy. Code Section 33-2-7.

**12. Approved Disposition Instructions**      This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then

☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then

☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then

☐ Destroy.

☐ Transfer to State Archives for permanent retention.

☒ Other (Specify)

Cut off at end of calendar year; microfilm; then destroy paper after verification.

Send master roll to archives for storage.

~~Send duplicate roll to archives for reference~~ OSR 12/18/87

Keep duplicate roll in office; Destroy after 100 years.

Destroy microfilm after 100 years.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Stanley L. Miller</i>	<i>8/12/87</i>	<i>Fred Anderson</i>	<i>8-12-87</i>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
<b>69-A</b>		State Auditor/Designee	<i>W.H. Little</i> <i>1-25-88</i>
		Secretary of State/Designee	<i>Edward Melan</i> <i>1/21/88</i>
		Attorney General/Designee	<i>[Signature]</i> <i>1/21/88</i>



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Office of Comptroller General Policy Forms Division Rm. 239, 7 MLK Drive Atlanta, Georgia 30334	Application Number <b>69-A</b>	
Application Number		Date Received SEP 27 1976	Date Completed OCT 18 1976
2. Person to Contact Stan Miller		Working Title Deputy Commissioner	Telephone Number 656-2085
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. <u>69</u> Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 1956 to Date		5. Records Series Title (followed by title used in office, if different) Life and Accident/Health Insurance Policy Forms Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?  The Insurance Division supervises insurance companies and agents, collects premium taxes, examines policy forms and policy rates, and administers insurance-related laws. The Division also licenses agents and companies and investigates consumer complaints.  The Policy Forms Section reviews and analyzes all policy forms from Life and Accident/Health Insurance Companies operating in Georgia. It files and approves/disapproves all policy forms it reviews.			
7. Record Series Description Documents relating to:  Included are:		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Analyzing and approving policy forms of Life and Health/Accident insurance companies.  Insurance company policy forms and such attachments as term riders, family income riders and their supplements; endowment forms or any other amendments to the policy. Also included are copies of letters of disapproval or approval.	
File is arranged: Chronologically; thereunder alphabetically by name of company.			
8. Monthly Reference Rate One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?		How often are records referred to which are:	
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |                  |
|--------------------------|--------------|-----------------------------------|------------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years.     |
| b. Statute of limitation | _____ years. | e. Administrative need            | <u>25</u> years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.     |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Must be maintained for a period of 25 years to insure consumer (policy holder) rights under long term policy.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other See below then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area, hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify) \_\_\_\_\_

Cut off files at end of each evenly-numbered calendar year; then hold in current files area 4 years; then transfer to State Records Center; hold 19 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Stanley L. Miller</i>	<i>9/27/76</i>		
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	
		State Auditor/Designee <i>[Signature]</i>	<i>10-14-76</i>
		Secretary of State/Designee <i>[Signature]</i>	<i>10-13-76</i>
		Attorney General/Designee <i>[Signature]</i>	<i>10-15-76</i>



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

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31-07

1. Application Date <b>February 10, 1972</b>		<b>INSTRUCTIONS</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received <b>FEB 22 1972</b> Application No. <b>69</b> Date Completed <b>FEB 28 1972</b>	
2. Agency Application No. <b>12</b>		3. AGENCY, Division, Subdivision & Administering Office Address <b>Office of Comptroller General Policy Forms Division Room 239 - 7 Hunter Street Building Atlanta, Georgia 30334</b>		4. Person to Contact <b>H. E. Chadwick</b>	
				5. Working Title <b>Deputy Commissioner</b>	
				6. Tel. No. <b>656-2085</b>	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Inclusive Dates <b>1956 to Present</b>		9. EXACT SERIES TITLE <del>Insurance</del> <del>Policy Forms Files</del> <b>INSURANCE POLICY FORMS FILES</b>			
10. What function performed resulted in creation of this series <b>Review and analyze all policy forms. "56-2410 Georgia Code, Acts 1960, page 289, 661. No basic insurance policy or annuity contract form, or application form where written application is required and is to be made a part of the policy or contract, or printed rider or endorsement form or form of renewal certificate, shall be delivered or issued for delivery in this State, unless the form has been filed with and approved by the Commissioner."</b>					
11. DESCRIPTION OF SERIES - Include Form No. & Form Title, if any <b>Insurance company policy forms and attachments such as term riders, family income riders, supplemental family insurance riders, endowment forms and any other amendments to the policy. They also contain copies of letters of disapproval and copy of company's letter stamped approved if the filing was accepted.</b>					
12.					
EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				18 36	
Legal-size File Drawers		102	204	Floor Space Occupied (Square Feet)	
				In Office(s) 213 In Storage Area(s) 89	
Lektrafile				By Annual Accumulation	
				This Year's Last Year's Preceding Year's All Prior Years'	
Shelves		14	54	AVERAGE DAILY REFERENCES	
				50 40 35 12	

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ YES ☐ NO
14. Is there a duplication of this series in another office or agency? ☐ YES ☒ NO
15. Is the information contained in this series ever summarized or published? ☐ YES ☒ NO
16. Does the series contain classified information requiring security handling? ☐ YES ☒ NO
17. Does the series document policies and procedures of agency's operation or function? ☐ YES ☒ NO
18. Could the function be performed if the files were lost or destroyed? ☒ YES ☐ NO
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ YES ☒ NO
20. Does the record series provide data as input to an EDP file? ☐ YES ☒ NO
21. Does the record series contain documentation produced as EDP printout? ☐ YES ☒ NO
22. Is the series affected by Federal or grant funds? ☐ YES ☒ NO
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ YES ☒ NO

24. REQUIREMENTS. The following requires the files to be kept 7 years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE

(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER, then:

A. ☐ Destroy immediately after cut off.

B. ☐ Hold in current files area 2 month(s)/ 2 year(s), then:

1 ☐ Destroy.

2 ☐ Transfer to records center; hold 5 year(s), then:

a ☒ Destroy.

b ☐ Transfer historical material to Archives; destroy remainder.

3 ☐ Destroy after audit (or    year(s) after audit).

C. ☐ Hold in current files area indefinitely.

D. ☐ Hold in current files area    year(s), then transfer to Archives permanently.

E. ☐ Other

(Indicate briefly rationale for recommendations above/or write additional remarks):

**(ATTACH SAMPLES OF THE SERIES WHEN POSSIBLE)**

26. Inventory taken by <i>Sybil H. Beckman</i>	Recommendations prepared by <i>H. E. Chubb</i>	Approved for Division Date <i>H. E. Chubb 2-10-72</i>	Records Management Officer Date <i>Fred Anderson 2-11-72</i>
Recommendations in Paragraph 25 are:	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Head of Agency <i>John L. Caldwell</i>	Date
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director, Archives & History <i>Garroll Hart</i>	Date <i>2-21-72</i>
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Secretary of State <i>Ben W. J. J. J.</i>	Date <i>2-23-72</i>
	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Governor of Georgia <i>Jimmy Carter</i>	Date <i>2-24-72</i>